

**IN THE UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF OHIO  
EASTERN DIVISION**

IN RE:

Edwin E. Miller, Jr.  
Wilma E. Miller  
Debtors

Case # 13-56905  
Chapter 13  
Judge Caldwell

**NOTICE OF FILING SUPPORT DOCUMENT TO DEBTORS' AMENDED MOTION  
TO MODIFY CONFIRMED CHAPTER 13 PLAN (Doc. 46)**

Now come the Debtors, by and through counsel, and hereby file the attached Support Document (Amended Schedules I&J) to Debtors' Amended Motion to Modify Confirmed Chapter 13 Plan (Doc. 46).

/s/ Amy E. Gullifer  
Amy E. Gullifer, 0074218  
CANNIZZARO, BRIDGES  
JILLISKY & STRENG, LLC  
302 S. Main Street  
Marysville, OH 43040  
Telephone: 937-644-9125  
Fax: 937-644-0754  
[bkadmin@cfbjc.com](mailto:bkadmin@cfbjc.com)

**CERTIFICATE OF SERVICE**

I hereby certify that on October 18, 2016, a copy of the foregoing was served by ECF services upon Faye D. English, Chapter 13 Trustee; U.S. Trustee's Office; and by regular U.S. mail service to Edwin and Wilma Miller, 491 Rosehill Drive, Marysville, Ohio 43040; and all creditors and parties in interest on the attached matrix.

/s/ Amy E. Gullifer  
Amy E. Gullifer, #0074218

Fill in this information to identify your case:	
Debtor 1	<u>Edwin E. Miller, Jr.</u>
Debtor 2 (Spouse, if filing)	<u>Wilma E. Miller</u>
United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF OHIO</u>	
Case number (If known)	<u>2:13-bk-56905</u>

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
9/20/2016  
 MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

**Debtor 1**

**Debtor 2 or non-filing spouse**

Employed  
 Not employed

Employed  
 Not employed

**Occupation**

cleaning

**Employer's name**

**Friendship Village of Dublin**

**Employer's address**

**6000 Riverside Drive  
Dublin, OH 43017**

**How long employed there?**

**10 months**

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>1,346.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross Income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>1,346.00</u>

Debtor 1 **Edwin E. Miller, Jr.**  
 Debtor 2 **Wilma E. Miller**

Case number (if known)

**2:13-bk-56905**

Copy line 4 here .....	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
4. _____	<b>\$ 0.00</b>	<b>\$ 1,346.00</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 177.11
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 273.50
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: <u>accident insurance</u>	5h.+ \$ 0.00	+ \$ 64.74
<u>cancer insurance</u>	\$ 0.00	\$ 46.69
<u>disability insurance</u>	\$ 0.00	\$ 47.01
<u>life insurance</u>	\$ 0.00	\$ 32.99
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 642.04
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 703.96
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>Social Security</u>	8f. \$ 1,785.00	\$ 0.00
<u>pension</u>	\$ 651.36	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 2,436.36	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,436.36	+ \$ 703.96 = \$ 3,140.32
11. State all other regular contributions to the expenses that you list in <b>Schedule J</b> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <b>Schedule J</b> . Specify: _____	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 3,140.32	
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <u>None.</u>	<b>Combined monthly income</b>	

Fill in this information to identify your case:

Debtor 1	<u>Edwin E. Miller, Jr.</u>
Debtor 2	<u>Wilma E. Miller</u> (Spouse, if filing)
United States Bankruptcy Court for the:	<u>SOUTHERN DISTRICT OF OHIO</u>
Case number	<u>2:13-bk-56905</u> (If known)

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:  
9/20/2016  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

Do not state the  
dependents names.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 625.00

##### If not included in line 4:

4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues  
5. Additional mortgage payments for your residence, such as home equity loans

Your expenses	
4a. \$	<u>0.00</u>
4b. \$	<u>0.00</u>
4c. \$	<u>0.00</u>
4d. \$	<u>0.00</u>
5. \$	<u>0.00</u>

Debtor 1 **Edwin E. Miller, Jr.**  
 Debtor 2 **Wilma E. Miller**

Case number (if known) **2:13-bk-56905**

6. <b>Utilities:</b>	6a. Electricity, heat, natural gas	6a. \$ <u>235.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>115.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>266.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>500.00</u>	
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>	
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>100.00</u>	
10. <b>Personal care products and services</b>	10. \$ <u>100.00</u>	
11. <b>Medical and dental expenses</b>	11. \$ <u>95.00</u>	
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>325.00</u>	
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>49.35</u>	
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>	
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>110.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. <b>Installment or lease payments:</b>	17a. \$ <u>347.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>	
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ <u>0.00</u>	
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	19.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. <b>Other:</b> Specify: <u>prescriptions</u>	21. +\$ <u>30.00</u>	
22. <b>Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$ <u>2,897.35</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>2,897.35</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>2,897.35</u>	
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <u>3,139.96</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>2,897.35</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>242.61</u>	
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes.	Explain here: <u>None.</u>	

Arrow Financial Services

Asst US Trustee (Col)  
 Office of the US Trustee  
 170 North High Street  
 Suite 200  
 Columbus, OH 43215-2417

(c) BUCKEYE LENDING SOLUTIONS  
 6785 BOBCAT WAY STE 300  
 DUBLIN OH 43016-1443

5996 W Touhy Ave

Niles, IL 60714-4610

CBCS

P.O. Box 165025

Columbus, OH 43216-5025

(p) CASHCALL INC  
 1 CITY BOULEVARD WEST  
 SUITE 1000  
 ORANGE CA 92868-3611

Central Ohio Primary Care  
 P.O. Box 712505  
 Cincinnati, OH 45271-2505

Chase

Attn: Correspondence Dept/Bankruptcy  
 P.O. Box 15298  
 Wilmington, DE 19850-5298

City of Marysville  
 Income Tax Dept  
 PO Box 385  
 Marysville OH 43040-0385

City of Marysville  
 Utility Billing Office  
 125 E. Sixth St.  
 Marysville, OH 43040-1601

Collection

Attn: Bankruptcy Department  
 Po Box 10587  
 Greenville, SC 29603-0587

Collection  
 Po Box 9134  
 Needham, MA 02494-9134

(p) COLUMBIA GAS  
 290 W NATIONWIDE BLVD 5TH FL  
 BANKRUPTCY DEPARTMENT  
 COLUMBUS OH 43215-4157

Continental Finance MasterCard  
 P.O. Box 8099  
 Newark, DE 19714-8099

Credit Protection Assoc.  
 P.O. Box 802068  
 Dallas, TX 75380-2068

DP&L  
 P.O. Box 1247  
 Dayton, OH 45401-1247

Dayton Power and Light Company  
 1065 Woodman Drive  
 Dayton OH 45432-1423

Diversified Consultants, Inc.  
 P.O. Box 1391  
 Southgate, MI 48195-0391

Encore Receivable Management Inc  
 P.O. Box 47248  
 Oak Park, MI 48237-4948

Encore Receivable Mangement  
 P.O. Box 3330  
 Olathe, KS 66063-3330

Faye D. English  
 Chapter 13 Trustee  
 10 West Broad Street  
 Suite 900  
 Columbus, OH 43215-3449

Enhanced Recovery Corp  
 8014 Bayberry Rd  
 Jacksonville, FL 32256-7412

Jennifer Fate  
 Murray Murphy Moul + Basil LLP  
 1114 Dublin Road  
 Columbus, OH 43215-1039

First National Bank of Marin/Credit One  
 Customer Service  
 Po Box 98873  
 Las Vegas, NV 89193-8873

Gemb/jcp  
 Attention: Bankruptcy  
 Po Box 103106  
 Roswell, GA 30076-9106

Brian M Gianangeli  
 6305 Emerald Parkway  
 Dublin, OH 43016-3241

Global Vantedge  
 P.O. box 12237  
 Hauppauge, NY 11788-0867

Greater California Financial Svcs.  
 GCFS, Inc.  
 PO Box 3470  
 Paso Robles, CA 93447-3470

Case 2:13-bk-56905 Doc 48 Filed 10/18/16 Entered 10/18/16 13:38:06 Desc Main  
Amy Elizabeth Gullifer HSBC Document Page 7 of 9 (P)HYUNDAI MOTOR FINANCE COMPANY  
Cannizzaro, Bridges, Jillisky & Streng P.O. Box 5213 PO BOX 20809  
302 S. Main Street FOUNTAIN VALLEY CA 92728-0809  
Marysville, OH 43040-1556 Attn: Bankruptcy  
Carol Stream, IL 60197-5213

I C System Inc  
Po Box 64378  
Saint Paul, MN 55164-0378

IC Systems  
444 Highway 96 East Box 64886  
Saint Paul, MN 55127-2557

Internal Medicine Physicians of Central  
Ohio  
660 London Ave.  
Marysville, OH 43040-1515

(p) JEFFERSON CAPITAL SYSTEMS LLC  
PO BOX 7999  
SAINT CLOUD MN 56302-7999

Jolas & Associates, LLP  
202 1st St NW  
P.O. Box 4000  
Mason City, IA 50402-4000

Key Bridge  
2348 Baton Rouge  
Lima, OH 45805-1167

KeyBridge  
PO Box 1568  
Lima, OH 45802-1568

LVNV Funding  
15 South Main St., Ste 700  
Greenville, SC 29601-2793

LVNV Funding  
P.O. Box 1335  
Buffalo, NY 14240-1335

Law Offices of Mitchell N. Kay, PC  
P.O. Box 9006  
Smithtown, NY 11787-9006

Malcolm S. Gerald & Associates  
332 South Michigan Ave, Suite 600  
Chicago, IL 60604-4318

Marysville Emergency Physicians  
P.O. Box 634082  
Cincinnati, OH 45263-4082

Marysville Emergency Physicians, Inc.  
PO Box 291805  
Dayton, OH 45429-0805

Meade & Associates  
Attn: Bankruptcy  
737 Enterprise Dr  
Westerville, OH 43081

Memorial Hospital of Union County  
P.O. Box 931316  
Cleveland, OH 44193-0004

Mid-Ohio Radiology, Inc.  
90 Village Pointe Dr.  
Powell, OH 43065-7207

Edwin E. Miller Jr.  
491 Rosehill Drive  
Marysville, OH 43040-1837

Wilma E Miller  
491 Rosehill Drive  
Marysville, OH 43040-1837

NCB Management  
P.O. Box 1099  
Langhorne, PA 19047-6099

NCO Financial  
P O Box 15630, Dept 12  
Wilmington, DE 19850-5630

(c)NATIONAL CREDIT SOLUTI  
3736 E I 240 SERVICE RD  
OKLAHOMA CITY OK 73135-1732

OSU Health Systems Anesthesia  
P O Box 711823  
Columbus, OH 43271-1823

OSU Physicians  
P.O. Box 740727  
Cincinnati, OH 45274-0727

Ohio Department of Taxation  
Attn: Bankruptcy Division  
P.O. Box 530  
Columbus, OH 43266-0030

Ohio Department of Taxation  
Bankruptcy Division  
P.O. Box 530  
Columbus, OH 43216-0530

Ohio Department of Taxation  
P.O. Box 182402  
Columbus, OH 43218-2402

Ohio State Medical Center  
P.O. Box 183102  
Columbus, OH 43218-3102

PCB  
P.O Box 29917  
Columbus, OH 43229-7517

PNC Bank  
Document Page 8 of 9  
P.O. Box 456  
Lafayette, IN 47902-0456

Pinnacle Financial Group  
Dept 673  
P.O. Box 4115  
Concord, CA 94524-4115

Richard J.Kaplow, Esq.  
808 Rockefeller Bldg.  
614 Superior Ave N.W.  
Cleveland, OH 44113-1334

Rossman & Co  
3592 Corporate Dr Ste 10  
Columbus, OH 43231-4978

State of Ohio, Attorney General  
Susan K Cliffel, Special Counsel  
9334 Union Centre Blvd, Suite 200  
West Chester, OH 45069-4851

The Ohio State University  
Wexner Medical Center  
Mollie Glaser  
660 Ackerman Rd 3rd Floor  
Columbus OH 43202-4500

Urgent Care by Memorial Hospital  
P.O. Box 951903  
Cleveland, OH 44193-0021

Verizon Wireless  
26935 Northwestern Hwy Ste 100-CFS  
Southfield, MI 48033-8449

West Asset Management  
7171 Mercy Road  
Omaha, NE 68106-2620

Wexner Medical Center  
Patient Financial Services  
PO Box 183102  
Columbus, OH 43218-3102

Women's Imaging & Wellness  
P.O. Box 643258  
Cincinnati, OH 45264-3258

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Cashcall Inc  
Attention: Bankruptcy Department  
1600 S Douglass Rd  
Anaheim, CA 92806

Columbia Gas  
200 Civic Center Drive, 11th Floor  
Columbus, OH 43215

Hyundai Motor Finance  
10550 Talbert Ave  
Fountain Valley, CA 92708

Jefferson Capital Systems LLC  
PO BOX 7999  
SAINT CLOUD MN 56302-9617

Addresses marked (c) above for the following entity/entities were corrected  
as required by the USPS Locatable Address Conversion System (LACS).

Buckeye Lending Solutions  
7001 Post Road, Suite 300  
Dublin, OH 43016

National Credit Soluti  
3675 E I 240 Service Rd  
Oklahoma City, OK 73135

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u)Ohio State University	(d)Wexner Medical Center Patient Financial Services PO Box 183102 Columbus, OH 43218-3102	End of Label Matrix Mailable recipients 71 Bypassed recipients 5 Total 76
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